

nature, stage and type of the disease, and the condition and constitution of the patient, than are the advocates of antiphlogistic treatment under the aggravated forms named.

But pneumonia, always grave and critical, has become, to a great extent, the battle-ground of controversy in regard to its etiology, nature and treatment. Whether it is a local, inflammatory disease, or an essential fever, the pulmonary affection being secondary, is now the mooted question. It is held by leading physicians in our own and other countries that the views held for centuries as to the nature and etiology of pneumonia, are erroneous. From Hippocrates down to the present day, leading medical minds have held that cold is the most constant and potent factor in the production of this disease. An individual in full and robust health, exposed to severe cold, or to cold winds, or cold rain, or when heated, exposed to cold currents of air, is liable, in the opinion of medical men of all ages, to be stricken down with pneumonia so suddenly that, until recent years, no question was raised as to the connection of the exposure as the cause, and this disease as the effect. But a set of learned men, among those who claim that the germ theory has passed from the realm of speculation to absolute and established science, have come to the front in bold denial of this doctrine of cold. These distinguished gentlemen hold that this local inflammation is an essential fever, and caused by micro-organisms, or the pneumo-coccus, as it is called. Our own distinguished American physician, Dr. Austin Flint, Sr., the Nestor of the profession in this country at the time of his recent death, was a strong believer in this theory. But even in the face of such high authority that pneumonia is an essential or specific fever, the result of a specific germ, it is certainly justifiable to say that the reasons given are unreliable and illogical. Bearing in mind that it is not a summer disease, when the warm weather and its attendant conditions are so favorable to the generation and activity of germ life—that it is much more prevalent in cold climates and in the cold and variable seasons of winter and early spring—unfavorable to germ life, is it not extremely improbable that it is caused by a specific germ, vegetable or animal? Is it reasonable that this pneumo-coccus should select its home in the lungs during the cold and chilly seasons, when pneumonia mostly prevails? Let us keep in the old paths until better ones are blazed.

Leaving this debatable ground, let it be borne in mind that inflammation of the lungs varies in danger at different times, stages and